## Foster Family Home - Corrective Action Report

Provider ID: 1-110052

Home Name: Josefina Daga, CNA

Review ID:

1-110052-8

1919 Beckley Street

Reviewer:

Julie Hastings

Honolulu

HI 96819

Begin Date:

5/18/2020

Foster Family Home

**Required Certificate** 

[11-800-6]

6(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1)-Annual inspection conducted for this 3 bed home.

A corrective action report (CAR)was issued during the visit and a corrective action plan (CAP) is due back to CTA before

**Coster Family Home** 

**Background Checks** 

[11-800-8]

8.(a)(1)

Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8(a)(2)

Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(1)

CG#1,CG#3, CG#4, CG#5 e-Crim expired. CG#1. #4 and #5 Was done 4/8/2017. Was due on or before 4/8/2019. CG#3 /as done 2/2/2018. Was due on or before 2/2/20. No current e-Crim for all.

&(a)(2)

CG#1 APS/CAN expired. Was done on 4/12/17. Was due on or before 4/12/19. And again on 4/12/21. No Current

Primary Care Giver

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report

Written p	lan Care Foster Family
Listed in a	lan of Correction for Deficiencies Orrective Action Report Chapter 17-1454
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CCFFH Address	17-1454
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CCFFH Name: JOSEF MA DURA  CCFFH Address: 1919 Beekly F., Hr  Rule Number  Corrective Action Taken	Date
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Primary Caregiver's Signature:	
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Primary Caregiver's Signature:	
Print Name: VIEPAIN PACK	
271	Date of Signature: 5/2/22 3 6/8/20
	18/30